

Long Term Care Covid-19 Commission Mtg.

Drs. Nathan Stall and Alison McGeer
on Tuesday, January 19, 2021



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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

--- Held via Zoom, with all participants attending
remotely, on the 19th day of January, 2021,
10:30 a.m. to 11:35 a.m.

BEFORE:

The Honourable Frank N. Marrocco, Lead Commissioner
Angela Coke, Commissioner
Dr. Jack Kitts, Commissioner

1 PRESENTERS:

2 Dr. Allison McGeer, M.D, FRCPC
3 Infectious Disease Consultant, Sinai Health System
4 Professor, Departments of Laboratory Medicine and
5 Pathobiology and Dalla Lana School of Public
6 Health, University of Toronto

7
8 Dr. Nathan Stall, MD, FRCPC
9 Geriatrics and Internal Medicine (Clinical
10 Associate) Sinai Health System and the University
11 Health Network Hospitals Women's College Hospital.
12 PhD Candidate, Clinical Epidemiology & Health Care
13 Research Institute of Health Policy, Management and
14 Evaluation Women's College Research Institute
15 Eliot Phillipson Clinician-Scientist Training
16 Program University of Toronto

17
18 PARTICIPANTS:

19
20 Alison Drummond, Assistant Deputy Minister,
21 Long-Term Care Commission Secretariat

22
23 Derek Lett, Policy Director Long-Term Care
24 Commission Secretariat

25

1 Dawn Palin Rokosh, Director, Operations Long-Term
2 Care Commission Secretariat

3
4 Alain Daoust, Team Lead Long-Term Care Commission
5 Secretariat

6
7 Angela Walwyn, Senior Policy Analyst Long-Term Care
8 Commission Secretariat

9
10 John Callaghan, Co-Lead Commission Counsel Gowling
11 WLG

12
13 Lynn Mahoney, Counsel Gowling WLG

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15 Peter Gross, Counsel Gowling WLG

16
17 ALSO PRESENT:

18
19 Janet Belma, Stenographer/Transcriptionist

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I N D E X

The following list of undertakings, advisements and refusals is meant as a guide only for the assistance of counsel and no other purpose

INDEX OF UNDERTAKINGS

The questions/requests undertaken are noted by U/T and appear on the following pages: 33, 58

INDEX OF ADVISEMENTS

The questions/requests taken under advisement are noted by U/A and appear on the following pages:
None

INDEX OF REFUSALS

The questions/requests refused are noted by R/F and appear on the following pages: None

1 -- Upon commencing at 10:30 a.m.

2 JOHN CALLAGHAN: Dr. Stall, are you
3 able to run the slide deck, or do you need someone
4 to do it?

5 NATHAN STALL: I can do that.

6 JOHN CALLAGHAN: Okay. Thank you.
7 Just -- I don't think either -- both Dr. McGeer and
8 Dr. Stall have appeared before, and neither needs
9 an introduction.

10 For the benefit of Dr. McGeer and Dr.
11 Stall, the Commission has heard, just before this
12 presentation, from a long-term care home about its
13 trials and tribulations about vaccinations, so
14 they've heard -- they've heard some information,
15 and, in fact, that home, notwithstanding the
16 challenges, seems to have done very well, but
17 nonetheless, outline the challenges.

18 So just so you know, they're -- they
19 may ask questions that have been informed by that
20 prior presentation. But go ahead when you're
21 ready.

22 NATHAN STALL: Sounds good. So thank
23 you very much for having Dr. McGeer and I at the
24 Commission today. We are, you know, pleased to
25 present about the vaccine rollout. Even though

1 it's in its initial phases, I think there are some
2 concerns, learnings, and action items which could
3 accelerate the vaccine program and prevent
4 long-term care home resident cases and deaths.

5 So Dr. McGeer and I will speak to each
6 of these points. We are going to talk about what
7 the issues are in terms of the rollout. We will
8 talk about what could have been done to have
9 vaccinated more long-term care homes by this point,
10 what we can do now, and I will present some
11 modeling data that I've done with colleagues
12 looking at simulations of long-term care residents'
13 cases and deaths under three different rollout
14 scenarios.

15 So what we'll start is talking about
16 sort of what we perceive to be seven of the major
17 issues confronting the vaccine rollout. The first
18 is the slow speed of rollout and the perceived lack
19 of urgency.

20 So we have had vaccine. You'll know
21 that the first person vaccinated in our province
22 was on December 14th, 2020, was a personal support
23 worker of a long-term care home. And, you know, to
24 date, as we'll get to, we don't actually even know,
25 from publicly reported data, how many long-term

1 care home residents have been reported, but
2 there -- it's been reported in the media that
3 there's about 40,000 long-term care and retirement
4 homes that -- doses that have gone to those
5 settings. Some of those will -- the majority, we
6 would anticipate, would include residents, but
7 there are also caregivers and staff in there.

8 So, you know, considering that there
9 are 70,000 long-term care home residents, about
10 60,000 of retirement home residents, we know that
11 the minority of long-term care home residents have
12 been vaccinated to date, and that lags behind other
13 provinces like Alberta which have provided COVID
14 vaccine to all of their long-term care residents as
15 of yesterday. Quebec has done about three-quarters
16 of them, and British Columbia plans to finish
17 vaccinating all their long-term care home residents
18 by next week.

19 Dr. McGeer, did you have more to add
20 about that?

21 ALLISON MCGEER: Yeah, I -- to me, the
22 comparison of what we have done and what is
23 possible is the illustration of those homes for
24 which Michael Garron was responsible.
25 Michael Garron started preparing for the vaccine

1 rollout at the beginning of December as expected.
2 They completed vaccination of all 23, so that's 23
3 of roughly 160 or 170 long-term care and retirement
4 homes in Toronto. The 23 that Michael Garron are
5 responsible for, they finished vaccinating on
6 January the 5th. That's what was possible.

7 COMMISSIONER FRANK MARROCCO (CHAIR):

8 And those are the 23 in the catchment area for the
9 hospital; is that the idea?

10 ALLISON MCGEER: Yeah. Yeah. So
11 each -- right -- in the -- as the second wave
12 started, the Ministry went back to assigning
13 hospitals for, you know, support for different
14 long-term care facilities and retirement homes. So
15 every hospital in Toronto is responsible for a
16 group -- support for a group of long-term care and
17 retirement homes. And Michael Garron just quietly
18 organized vaccination for that group.

19 They brought buses. They rented TTC
20 buses to come in to pick up long-term care workers
21 and bring them in while they were on shift so that
22 they didn't have to travel and deal on their time
23 off. They sent physician teams out to the homes to
24 support delivery of vaccination. You know, it's a
25 marker of the fact that this is not -- yeah, the

1 team at Michael Garron is good, okay? But this is
2 not rocket science. This is not complicated. If
3 you take a bunch of people who understand
4 vaccination programs and have run them before, it
5 can be done.

6 They -- even they were impeded by, as
7 Nathan points out in point 3 -- sorry, point 2 --
8 the issues of transporting the Pfizer vaccine which
9 stymied us in Ontario for much longer than it did
10 in other provinces and other countries. It's -- I
11 think that issue is complicated but still clearly
12 something that many other people got past that we
13 were unable to get past.

14 COMMISSIONER JACK KITTS: So is -- did
15 Michael Garron set up its own process and did its
16 own thing? Or were they part of a broader standard
17 process?

18 ALLISON MCGEER: Hospitals were --
19 hospitals, you know, we agreed on priorities. We
20 had a group of 19 hospital hubs, and I -- it's not
21 actually clear to me. I think it has not been
22 transparent what instructions hospital hubs got and
23 how they managed them. They certainly got some
24 fairly specific instructions from the Government
25 about what to do, but -- and I suspect that

1 Michael Garron skated around the edges of some of
2 those instructions in what they were doing. I
3 wouldn't be surprised if they hadn't had a few
4 angry phone calls from people about some of it.
5 But, you know, it does not appear to have done
6 permanent harm to them, and I think hospitals were
7 substantially left on their own to organize
8 delivery of vaccine to their long-term care homes.

9 COMMISSIONER JACK KITTS: Okay. And
10 the 19 hospital hubs, does that cover the Province,
11 or is that the Toronto area?

12 ALLISON MCGEER: That covers the
13 Province.

14 COMMISSIONER JACK KITTS: So 19
15 hospitals were given the same, I guess,
16 instructions and authority as Michael Garron, and
17 Michael Garron seems to be the gold standard in
18 terms of looking.

19 But is it based on the fact that you
20 know what Michael Garron has accomplished, and you
21 don't know what the others have? Or is the data
22 available on all of them, and Michael Garron rose
23 to the top?

24 ALLISON MCGEER: I think Ottawa has
25 done -- I don't have data on the comparison to

1 Ottawa. I think Ottawa has done reasonably well.
2 I think Hamilton is not doing badly, although they
3 started behind in their organization, so I -- can
4 I -- can I give you absolute data on numbers? No.
5 Do I know that Michael Garron was the first
6 organization to have vaccinated every institution
7 in their area of responsibility by a margin of at
8 least ten days? Yes.

9 COMMISSIONER JACK KITTS: Okay. And so
10 we know a few have done extremely well. What do we
11 know about the others in terms of where they're at?
12 I think Dr. Stall was counting the number of doses
13 sent out and the number that have been given. Is
14 that a rough estimate of how we're doing? Or how
15 do you -- how do you estimate how we're doing on
16 the vaccine rollout elsewhere?

17 ALLISON MCGEER: Well, you know, one of
18 the problems is we've been completely
19 nontransparent about, right? There is no -- I have
20 some information that I know that I can't talk
21 about and some information that I know that I can
22 talk about. And, you know, there is a complete
23 absence of transparency about how well we are
24 doing.

25 I think we -- somebody's told me

1 yesterday that the Province announced that we have
2 completed vaccination of all long-term care homes
3 in -- I'm not sure whether it was Toronto or
4 whether it was the GTA. I think it was just
5 Toronto. But really, I mean, one of our issues is
6 that we have no -- there's been no transparency
7 about what's going on and what we're doing.

8 And, in fact, you know, from my
9 perspective, there's been a substantial
10 politicization of the process, you know. When we
11 were talking -- when prominent people were talking
12 publicly about running out of vaccine ten days ago,
13 we had more than a hundred thousand doses of
14 vaccine in our freezers in Ontario.

15 You know, so this -- the absence of
16 being able to figure out what's going on is
17 difficult for everybody and I think not helpful in
18 terms of trying to make sure that we're protecting
19 people from death and ICU admission.

20 COMMISSIONER JACK KITTS: And where
21 does the accountability lie in terms of making sure
22 the doses that have been given out are given to the
23 long-term care and the results given back to
24 Ministry of Long-Term Care, or -- where is that?

25 ALLISON MCGEER: Well, it -- the --

1 I -- from my perspective, under normal
2 circumstances, the responsibility for delivery of
3 vaccination programs and reporting would belong to
4 local Public Health units.

5 In this setting, the Ministry of
6 Health, I believe -- although I'm having a little
7 trouble navigating various organizations at -- in
8 the Ontario Government -- the Ontario Ministry of
9 Health removed that responsibility and placed it --
10 replaced it, I think, with the Vaccine Distribution
11 Task Force on the Command Table. And at some stage
12 in the last week of December, pieces of it were
13 returned to different Public Health units in
14 different ways, still not clear to me.

15 COMMISSIONER JACK KITTS: Right. So it
16 would make -- yeah, so it would make sense that if
17 this is a -- province-wide, that the 34 Public
18 Health units would be responsible for ensuring that
19 their area is covered, and that if there's only 19
20 hospitals, then those hospitals would have to share
21 in areas where they needed more, and that the
22 results should come back to Public Health so they
23 could announce to the community --

24 ALLISON MCGEER: Yes.

25 COMMISSIONER JACK KITTS: -- we're

1 doing. Thank you.

2 COMMISSIONER FRANK MARROCCO (CHAIR):
3 Do you have the -- do you have the same impression
4 that I do that, for some reason, there's an
5 unwillingness to rely on the local Public Health
6 units?

7 ALLISON MCGEER: Yes. I don't -- you
8 know, I think -- so it is complicated by the Pfizer
9 vaccine and the need for storage, but we could
10 have -- we could have delivered -- we could have
11 bought freezers for the Public Health units and had
12 them run vaccination clinics, you know, had we
13 chosen to.

14 We could have directed the hubs to work
15 with their local Public Health units to deliver
16 vaccine. You know, there are a number of things
17 that we could have chosen to do that would have --
18 would have kept Public Health units involved
19 locally.

20 And I think in places where Public
21 Health and hospitals have -- a piece of the problem
22 in Ontario is that everything is very local, so in
23 many smaller areas, hospitals and public health
24 units work well together all the time, and when the
25 hospital hub got told to do something, they just

1 called their public health unit and said, okay.
2 How are we doing this, you know, and people worked
3 on it. In bigger places like Toronto in the GTA
4 health units, that's much more difficult. And I
5 think the responsibility was assigned initially to
6 the hospital, and then some of it was transferred
7 to Public Health, but the -- I don't think it was
8 clear to anybody how that was supposed to work.

9 COMMISSIONER FRANK MARROCCO (CHAIR):

10 Is this problem part of some larger struggle that's
11 going on over public -- with public health units?
12 Or is it just peculiar to the vaccine rollout? I
13 don't want to get into the whole thing, but it just
14 seems consistently the case that we'll use any
15 method of dealing with these problems that doesn't
16 involve -- that either duplicates or doesn't
17 involve public health units, and I have some
18 difficulty with that especially in a city like
19 Toronto which is really just a collection of
20 neighbourhoods. So -- and anyway, is that -- am I
21 just reading too much into this? Or...

22 ALLISON MCGEER: I think one of our
23 issues is that there is a lack of trust between our
24 current Government and many local public health
25 units, yes.

1 COMMISSIONER FRANK MARROCCO (CHAIR):

2 Okay. Thank you.

3 NATHAN STALL: I mean, I just wanted to
4 be clear, though. I mean, when we talk about the
5 slow speed of rollout, right, we had enough doses
6 by the end of 2020 to vaccinate all long-term care
7 home residents in our province. And --

8 ALLISON MCGEER: All long-term care and
9 retirement home residents.

10 NATHAN STALL: Yeah, and retirement
11 home residents. Yes. I know the Commission, you
12 know, is technically overseeing long-term care,
13 but, yes, and retirement home residents.

14 So -- and we are now into mid-January,
15 approaching late January, and we still have not
16 vaccinated the majority of these people despite the
17 fact they contribute nearly 70% of deaths to date.
18 And this is -- you know, there are innumerable
19 jurisdictions now that have been able to vaccinate
20 their entire long-term care home resident
21 population who received vaccine at the same time
22 that we did.

23 So this was not a supply issue at all,
24 and the recent supply issues we have run into are
25 very unfortunate, but we burn through the supply

1 vaccinating people who are at far lower greater
2 risk of death. And that is a tough thing to
3 contemplate when we know that we've had, you know,
4 over 1,300 long-term care residents now die in the
5 second wave since September 1st.

6 We know what the projections show that
7 we are almost certainly going to eclipse the death
8 toll from Wave 1, which was 1,815 long-term care
9 residents. And we also know the -- even when you
10 vaccinate people, there is a delay to when it
11 starts to work, right?

12 So even if we vaccinate everyone now,
13 you're still looking at a good 10 to 14 days before
14 you have efficacy, and each day literally, when we
15 have the amount of long-term care residents dying
16 in our province, does mean lives.

17 And so this was -- you know, it was a
18 slow speed, and there was a -- really, a perceived
19 lack of urgency. I mean, we've spoken to people in
20 Israel, for example, in terms of how they operated
21 their long term -- their vaccination problem. They
22 operated this on a 24/7 schedule and mobilized all
23 resources to get it done because they knew that
24 this was where deaths and cases were concentrated,
25 and we have failed to do that so far.

1 One of the other things that really, I
2 think, bothered Dr. McGeer and I was the initial
3 resistance to work with the manufacturer to modify
4 their very stringent requirements for transport,
5 storage, and distribution. There were fears that
6 not complying exactly with what the manufacturer
7 had laid out in the product monograph with respect
8 to the cold chain storage and the handling could
9 jeopardize the supply chain.

10 But I have a hard time fully believing
11 that knowing that many other jurisdictions were
12 able to do this without any consequence to their
13 supply chain. That would include provinces like
14 Quebec and British Columbia, the States of
15 California and Ohio, countries like Israel and the
16 United Kingdom. This was done elsewhere, and it
17 was done elsewhere in December. This was not done
18 in Ontario until, I believe, the second week of
19 January in Ottawa. And it's not as if we've had
20 additional data that has come forward to suggest
21 what, you know, we are planning to do in Ontario to
22 move the product is safe in any way.

23 I just think it -- they worked with the
24 manufacturers, as far as I understand, to get
25 permission to move it, but not moving the product

1 into homes and not working to be able to modify the
2 transport, storage, and distribution so that it had
3 to remain within these 19 hospital hubs was -- also
4 hugely slowed down the administration of the
5 vaccine in our province in a really, really
6 substantial way.

7 And that's another -- because we didn't
8 have the Moderna vaccine, which is the one that can
9 be moved. That didn't come until later in
10 December, and a lot of that vaccine was also
11 appropriately apportioned for remote and rural
12 communities as well. And that Moderna is the
13 vaccine that we have less supply of compared to
14 Pfizer.

15 Anything else to add from that,
16 Dr. McGeer?

17 ALLISON MCGEER: No. So I think the
18 last thing that, as André Picard pointed out this
19 morning, you know, we provided essentially no
20 information to anybody who works in a long-term
21 care sector about these vaccines.

22 We organized no education. We have a
23 couple of FAQs on our website. They were -- they
24 are relatively inaccessible. They are not
25 translated. We did no push to the sector with

1 information about the vaccines, still very
2 difficult to find copies of the officially approved
3 provincial consent forms anywhere. We didn't say
4 to long-term care facilities, you know, what we
5 could have said in the middle of January, which
6 was, this is going to be difficult. There are all
7 sorts of challenges, so what we need you to do is
8 we need you to get consent from all of your
9 residents and substitute decision makers now.

10 We need to get -- you need to send this
11 package of information to your substitute decision
12 makers. You need to tell them that they either
13 need to decide now or that they're going to have a
14 very short timeframe because sometime between
15 December 15th and January the 15th, somebody is
16 going to call you and say, we can come and
17 vaccinate your residents tomorrow; how many doses
18 do you need? And you will need to be able to say,
19 78.

20 Homes do that all the time. It's
21 normal function, the contact substitute decision
22 makers to get consents from people. It's not that
23 complicated. Everybody was waiting for vaccine,
24 okay? But we had no communication with the
25 long-term care sector homes over that time period

1 to talk to them about what was happening to get
2 them information about the vaccine, to organize.
3 You know, we've been dependent on academics to be
4 organizing webinars for the people who live and
5 work in long-term care to talk to them about
6 potential risks and benefits. The -- a complete
7 absence of any education or information program
8 accompanied this rollout.

9 Now, as it turns out, okay, other
10 people have stepped in, and people who live and
11 work in long-term care understand how severe this
12 is. And I don't think we're running into
13 significant barriers.

14 I do, however, think I have -- I have
15 never done webinars in which people have said nicer
16 things about how grateful they are for information
17 ever, okay? And so I don't know that it's changed
18 the vaccination rate, but it would have made such a
19 difference to how the workers in a -- after an
20 extraordinarily difficult year feel about what
21 they're doing and how they're managing things, and,
22 you know, it's difficult to comprehend why we
23 failed to do that.

24 NATHAN STALL: I agree. I --

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 Doctor, before you --

2 NATHAN STALL: Oh, sorry. Go ahead.

3 COMMISSIONER FRANK MARROCCO (CHAIR):

4 Sorry, Dr. Stall.

5 Before you -- we leave that, the --
6 each long-term care home, when they admit someone,
7 do they not go through a process to determine who
8 the substitute decision maker will be and how to
9 contact that person? Or...

10 ALLISON MCGEER: Yes, absolutely, and
11 they contact those people routinely. They --
12 all -- every long-term care home has lists of email
13 addresses and telephone numbers and alternate phone
14 numbers and everything. And they can produce those
15 lists at the drop of a hat, and they contact
16 residents' families all the -- you know, if -- even
17 in the setting where a resident can make their own
18 decisions, a resident needs to go to the hospital,
19 there's somebody in -- there's an emergency contact
20 in the family that gets contacted. They --
21 long-term care homes, every time you make a medical
22 decision for a resident of a long-term care home,
23 you're contacting their substitute decision maker
24 or somebody who's their emergency contact to help
25 with it. That's a -- that's a completely routine

1 process.

2 COMMISSIONER FRANK MARROCCO (CHAIR):
3 Would I be wrong in saying -- you were saying that
4 nobody told them to get organized and contact the
5 substitute decision makers where they're dealing
6 with somebody who can't consent and figure out how
7 many doses you need so, you know, so we make as
8 efficient use of the supply as possible.

9 I -- where I have a bit of trouble is
10 it seems to me that the homes -- I agree with you,
11 they would have -- it would have been more
12 appropriate for them to -- for this kind of
13 instruction to be issued, but it also seems to me
14 that they should know --

15 ALLISON MCGEER: So --

16 COMMISSIONER FRANK MARROCCO (CHAIR):
17 -- that this is what we have to do in order to get
18 our people vaccinated, so we may as well get on
19 with it.

20 ALLISON MCGEER: So their problem is
21 they're not vaccine experts. And in order to get
22 consents, you have to send information about the
23 vaccine to those substitute decision makers.

24 COMMISSIONER FRANK MARROCCO (CHAIR): I
25 see.

1 ALLISON MCGEER: And it's got to be
2 good, credible, expert information. And it -- I --
3 you know, I just don't think it's reasonable to
4 expect -- I mean, all of us, okay -- so the Moderna
5 product monograph with the -- you know, with the --
6 you know, there's two pieces of information about
7 the Moderna that you needed for the consent form:
8 The FDA -- the lovely, detailed stuff that the FDA
9 had from December 17th, which was publicly posted,
10 and the product monograph for Canada which came out
11 on the 27th, Nathan, ish, okay?

12 And from that, you can -- you know,
13 before you have that, it's really hard to put
14 together the detailed information.

15 But you could have had a bunch of
16 information that was set and ready to go, and then
17 you could take the extra pieces from the Canadian
18 product monograph and slot them in and send them
19 out to people. That's what those homes needed in
20 order to be able to talk --

21 COMMISSIONER FRANK MARROCCO (CHAIR):
22 Right.

23 ALLISON MCGEER: -- to their substitute
24 decision makers to get organized.

25 COMMISSIONER FRANK MARROCCO (CHAIR): I

1 hadn't appreciated that. Thank you, Doctor.

2 NATHAN STALL: I think it was December
3 23rd, Dr. McGeer, that Moderna was approved.

4 ALLISON MCGEER: Yeah, but the -- for
5 some reason, the product --

6 NATHAN STALL: Yes.

7 ALLISON MCGEER: -- monograph took a
8 while. I don't know why.

9 NATHAN STALL: Yeah. The other piece
10 to that -- so I totally agree. You know, the work
11 that is being done to promote vaccine acceptance
12 and education within the sector is all a bunch of
13 grassroots, sort of, academics, community-based
14 clinicians stepping forward, running pro bono
15 webinars.

16 I mean, even the FAQ material that went
17 out was material that Dr. Noah Ivers and I drafted
18 over the Christmas break because we said, this is
19 crazy that there's nothing actually out there, and
20 we did that on our own time off the corner of our
21 desk and sent it out to the Ministry.

22 And the other piece of this that was
23 not completely considered but I know the
24 associations have advocated for is work, sort of
25 like Michael Garron did, to eliminate the

1 logistical barriers within the long-term care
2 sector. So we knew that staff acceptance of
3 vaccine was going to be an issue, and we also knew
4 that we ought to have done everything to remove
5 finances as a barrier.

6 So paying -- having homes, like
7 Michael Garron did, pay for the time off that staff
8 need to go get vaccinated instead of asking them to
9 go on their off days and volunteer to go get
10 vaccinated when they may have other jobs.
11 Michael Garron provided transportation.

12 We heard it was intimidating for
13 workers who may not live in downtown Toronto to
14 come downtown and park near the vaccine
15 administration centres, so providing transportation
16 or payment.

17 And then additionally, you know, many
18 people do get a sore arm afterwards. We know the
19 jobs of personal support workers is quite physical,
20 or they may have flu-like symptoms which causes
21 them to miss work, and the failure to guarantee
22 them paid sick leave for a day or two afterwards is
23 another barrier that was not addressed completely
24 as well.

25 So in addition to promoting acceptance

1 in a population that we know has a large -- or has
2 a large -- or is very multicultural -- 40% of
3 personal support workers are visible minorities --
4 we did not tailor any strategies to promote
5 acceptance in this population and remove financial
6 barriers as well.

7 ALLISON MCGEER: There are some places
8 outside of the GTA where people would have had to
9 spend an hour and a half or two hours driving to
10 the hub to get their --

11 NATHAN STALL: Yeah.

12 ALLISON MCGEER: -- vaccine.

13 COMMISSIONER FRANK MARROCCO (CHAIR):
14 And some of these long-term care homes took the
15 attitude that this was -- you need to go on your
16 day off to get the vaccine? I mean, wouldn't it --
17 wouldn't it -- it would have seemed to me it's just
18 a matter of sound public health practice that if
19 you're working with people who are highly prone to
20 die from this disease and you can be insulated from
21 conveying it, that that's just a matter of public
22 health. I mean, you have to go and get it or
23 somebody has to assess whether they want to
24 continue to hire you, but that's all time you're --
25 that's work time, I would have thought.

1 ALLISON MCGEER: Remember, we're asking
2 long-term care workers to come in on their days off
3 to get their weekly swabs done now.

4 NATHAN STALL: And remember also --
5 Oh, sorry, Commissioner Coke, just --
6 Remember, we all -- the reason that the
7 General justified closing the vaccine clinics on
8 the statutory holidays over Christmas was they
9 didn't want to ask the workers to come on their
10 holiday days off which they were going to be unpaid
11 for to come get their vaccine. So, you know, that
12 was publicly stated as well which is the reason why
13 they closed the vaccine clinics over holidays.

14 So they -- I mean, that was an
15 admittance that, you know, they were asking people
16 to come on their days off, and then here, they
17 didn't want them to ask them to come on their days
18 off on the holidays.

19 Sorry, Commissioner Coke.

20 COMMISSIONER ANGELA COKE: We were just
21 hearing from an operator from another home that,
22 you know, they had been advocating to be able to do
23 the vaccinations themselves at the homes, and just
24 interested in your thoughts about that.

25 ALLISON MCGEER: You know, in October,

1 in the middle of the second wave, every long-term
2 care facility in Ontario delivered high-dose flu
3 vaccine to 90% of residents. These homes -- and
4 that was at a time when people were more than
5 usually short-staffed, when there was a lot of
6 stuff going on. It was not easy, okay? Homes run
7 those vaccination programs all the time.

8 In the middle of December, I got a call
9 from one of the homes saying, okay, so we're
10 getting ready for vaccination programs. Do we have
11 to order needles and syringes and, you know,
12 alcohol swabs and Band-Aids? Or is that coming
13 with the vaccine because we don't want to create a
14 run on those things if we don't need them, but we
15 want to be ready for vaccine.

16 And I sent that up the chain to as many
17 people as I could find. I never got an answer,
18 okay, because we -- well, that's not true, okay?
19 I -- you know, I found out several weeks later
20 that, you know, everything was coming with the
21 vaccine, that people had that organized.

22 But we didn't need to do that, okay?
23 That's a bunch of work that got done at the
24 Provincial Government level ordering things that
25 didn't need to be done. We just needed to say to

1 nursing homes, you need to have stuff ready. We
2 could have delivered the Moderna vaccine the day
3 after it arrived on December 30th to all those
4 nursing homes, and had we done that, we could have
5 vaccinated half of the residents in long-term care
6 in the province that some -- we had about 50,000
7 doses of Moderna available, okay; 77,000 long-term
8 care residents, we could have done 50,000 of them
9 on that weekend if we'd just given nursing homes
10 information to get consents and enough information
11 about when they were getting the vaccine.

12 We chose to create a separate system in
13 which other people are vaccinating residents of
14 long-term care instead of using the system we
15 already had which works beautiful.

16 COMMISSIONER ANGELA COKE: Thank you.

17 NATHAN STALL: And I think the last
18 point before I move on to the next slide is, as
19 I'll show you, one of the things which I think
20 people are justifiably outraged about is that they
21 have only prioritised 4 of the 34 public health
22 units as "priority regions" for vaccination of
23 long-term care homes by a deadline of January 21st,
24 and that's Toronto, Peel, York, and Windsor-Essex.
25 And there are homes, and there are regions, like

1 Niagara Region, where they have not vaccinated, as
2 I understand -- because their Moderna supply was
3 recently diverted -- nearly a single long-term care
4 home resident. I think they're just starting to do
5 it now. But this created huge regional inequities
6 as well, and as I'll show you, especially for
7 long-term care homes, you know, every -- many of
8 the regions were priority above and beyond those
9 four. And only a third of the out -- long-term
10 outbreaks that are currently going on in the
11 Province are actually in those four priority
12 regions. And so there were many residents who were
13 left vulnerable and did not receive vaccine because
14 only these four regions were prioritised.

15 COMMISSIONER FRANK MARROCCO (CHAIR):
16 If it's not --

17 JOHN CALLAGHAN: Can I ask a question,
18 Dr. Stall? Oh, sorry.

19 COMMISSIONER FRANK MARROCCO (CHAIR):
20 Just -- sorry, Mr. Callaghan.

21 If it's not the severity or the
22 prevalence of the disease, do you have any sense of
23 what the criteria were that led to the selection of
24 the four regions?

25 NATHAN STALL: I mean, these were

1 termed -- they went after the old tiered, coloured
2 framework where they were looking at regions that
3 were in the highest gray or the gray zones where
4 there was the highest levels of the community
5 transmission.

6 You know, those homes are going to have
7 outbreaks, and, you know, they clearly are the
8 regions with the highest levels of community
9 transmission, but the point being that there were
10 and continue to be several devastating outbreaks
11 across different Public Health units.

12 And I think when you're talking
13 about -- you know, one of the things that happened
14 when we talk about the politicization was when the
15 Government -- or when the Task Force responded to
16 the outcries of vaccine clinics being closed over
17 Christmas, the General gave instructions -- the
18 retired General Hillier gave instructions to favour
19 "speed over precision," and that speed "trumps
20 perfection."

21 But, you know, we're dealing with a
22 very -- a relatively very small population, 70,000,
23 you know, is the current occupancy out of the
24 77,000 beds, so 70,000 residents. And to date,
25 this population has accounted for only two-thirds

1 of all deaths. And so I think some more precision
2 here and not relying on what the priority regions
3 are for the larger community transmission across
4 the Province would have prevented a lot of cases
5 and a lot of deaths.

6 And so I disagree here that, you know,
7 speed was not the way to go, especially when we
8 have run into the issues that we are now seeing
9 with supply.

10 JOHN CALLAGHAN: Can I -- can I ask
11 you, Dr. Stall, this is something we obviously
12 could find, but maybe you know: What is the --
13 what is the current daily infection rate amongst
14 long-term care residents? Do you have an idea?

15 NATHAN STALL: Like, how many active
16 infections are there, or how many new residents
17 are --

18 JOHN CALLAGHAN: How many residents are
19 being affected a day?

20 U/T NATHAN STALL: I'd -- I could pull that
21 up and send that to you after the meeting. I don't
22 want to misquote the data.

23 JOHN CALLAGHAN: Okay. But is it still
24 a situation that 20 to 30% of those infected die?

25 NATHAN STALL: Yeah, the case fatality

1 rate is a little lower than the 30% from the first
2 wave. It's closer to 20% now in the second wave,
3 but, yes. And we have -- for the last month, we've
4 had somewhere -- you know, the way the Province
5 reports the data is active infections as opposed to
6 new infections. We can always calculate that and
7 get that to you, but we've had somewhere between
8 1,200 to 1,600 active long-term care resident
9 infections per day over the last month.

10 JOHN CALLAGHAN: So a fifth of those
11 are likely to die?

12 NATHAN STALL: Yes.

13 JOHN CALLAGHAN: Okay. Thank you.

14 NATHAN STALL: All right. I'm going to
15 just show you the modeling that we did, and I'll go
16 quickly for this so we can discuss what we think
17 needs to be done now.

18 So, you know, the Province has put
19 out -- these are three scenarios we modelled, and
20 I'll show you how we did this. All long-term care
21 residents being provided the first dose by January
22 21st, so that's two days from now, and that, to be
23 clear, would have been over a month from when we
24 received the first vaccine or when we administered
25 the first vaccine in our province which was

1 December 14th.

2 A second plan of all long-term care
3 residents being provided the first dose by January
4 31st, and we are assuming that the long-term care
5 residents in those four priority regions will
6 receive their first dose by January 21st as the
7 Province has indicated. So the four PHUs will --
8 the residents in the four PHUs will get it by Jan
9 21st. Some of them -- and then the rest of them
10 will get it between the 21st and the 31st for the
11 purpose of this modeling.

12 And then the current plan, which is to
13 vaccinate all residents in the four priority
14 regions by January 21st, and the rest of the
15 residents in the Province by February 15th. That's
16 the current Ontario plan. So we modeled these
17 three scenarios.

18 And just to confirm, and this gets at,
19 sort of, what Mr. Callaghan was ask -- or getting
20 at, there are -- two date, there have been 13,000
21 cumulative SARS-CoV-2 long-term care residents
22 infections in the Province. We've had 3,212
23 cumulative deaths. This was as of January 17th,
24 and that's almost 60% of Ontario's total 5,433
25 COVID-19 deaths.

1 The rollout began on December 14th, and
2 looking at the priority key groups as well as
3 aligning with the ethical framework, they did
4 prioritise long-term care residents as a key group
5 for the distribution of initial COVID-19 vaccines.

6 We know that recent updates from the
7 technical update, and I believe there's actually
8 one going on now, but there was a technical update
9 last week that they targeted Jan 21st as the date
10 to provide those first doses in the four priority
11 regions of Toronto, Peel, York, and Windsor-Essex.
12 And I pulled the data on this as of January 17th,
13 so those priority regions only account for a
14 quarter of Ontario's long-term care homes, a third
15 of the licensed beds, and 30% of currently occupied
16 beds, and only 39% of Ontario's active COVID-19
17 long-term care home outbreaks are occurring in
18 those four priority regions as of Jan 17th.

19 So this is not covering -- when I led
20 by saying, you know, Alberta has vaccinated all
21 their residents; Quebec as done 75% of residents;
22 British Columbia will finish by end of next week,
23 and we've had other jurisdictions like
24 West Virginia that actually did this by the end of
25 December in the State of West Virginia, so just to

1 show you how unambitious this plan of January 21st
2 is in terms of vaccination.

3 We used a model that the Ministry of
4 Health has been using since the beginning of the
5 pandemic when this model was calibrated which
6 forecasts COVID-19 cases and deaths, and we
7 forecasted this in a scenario of no vaccination so
8 that we could compare what the effect of those
9 three vaccination rollout scenarios were on the
10 vaccine preventable cases and deaths.

11 So this model is a -- called a
12 compartmental model. It has three parts to
13 generate the number of predicted cases over the
14 ensuing weeks. The first is based on community and
15 COVID-19 infection rates, the model predicts how
16 many homes will have outbreaks.

17 The second step, it predicts which
18 specific homes will have COVID-19 outbreaks based
19 on the number of homes it predicted.

20 And then the third is, within each of
21 those homes, it predicts how many COVID-19 cases
22 and deaths will occur. And then this model is
23 recalibrated on a -- on a weekly basis in the
24 Province based on the community incidents and
25 what's going on inside the long-term care homes.

1 So we use this existing model, and we
2 put in some assumptions about vaccination in these
3 three rollout scenarios.

4 So just to be clear, the assumptions we
5 made were that all residents will be vaccinated
6 with the Moderna vaccine. We could have done the
7 split with the Pfizer vaccine, but frankly, for
8 the -- for the purposes of this, the efficacy is
9 pretty similar and would not have made a difference
10 on the principle findings.

11 And you'll see the vaccine efficacy,
12 you actually get 94% vaccine efficacy in the
13 clinical trials after -- from 14 days and onward.
14 And that's why we're so -- Dr. McGeer and I are so
15 disturbed by the fact that we have taken so long to
16 vaccinate the long-term care home resident
17 population.

18 We made the assumption that the -- for
19 the purpose of this modeling, the vaccine efficacy
20 will be the same in the Ontario long-term care
21 resident population as it was in the published
22 clinical trials. We assume that uptake will be a
23 hundred percent and that between the rollout
24 scenario, so January 21st, January 30th, and to
25 February 15th, the speed is linear, so we equally

1 balance out which homes get vaccinated, and a
2 random order of homes get vaccinated.

3 And then, also, long-term care
4 residents who were previously infected on or after
5 September 1st, 2020, so the start of the second
6 wave, are conferred a hundred percent immunity.

7 And so this was the assumptions in the
8 model, and here's what we show. So this is -- this
9 is the -- on the 'Y' axis, the preventable
10 long-term care resident cases in the three
11 scenarios.

12 So January 21st, you vaccinate more
13 people, and you're looking until March 31st. From
14 current date, what you start to see from -- or from
15 Jan 21st, this is, again, compared to a scenario
16 where no one is vaccinated, so if you get all the
17 long-term care residents done by January 21st, you
18 can -- and I'll show you the uncertainty
19 intervals -- you can prevent about somewhere around
20 3,700 cases. If you delay ten days, you can
21 vaccinate about 3,000 cases. And if you follow the
22 Province's current plan, you can prevent about
23 2,000 cases, so you can start to calculate the
24 difference in cases you prevent the longer you
25 delay vaccination of the whole population.

1 This is the deaths, so again,
2 January -- this is the number of preventable
3 deaths. So you vaccinate everyone by Jan 21st.
4 You prevent around 750 deaths. You vaccinate by
5 Jan 31st, you prevent about 600 deaths, and you
6 follow the Province's current plan, you prevent
7 about 400 deaths all compared to a situation of no
8 vaccination.

9 So to summarize, in these three
10 scenarios, Jan 21st, you prevent 3,700 cases, 750
11 deaths. Jan 31st, you prevent 3,000 cases, 600
12 deaths, or the current plan -- sorry, that's --
13 that is a typo there in the -- in the slide deck in
14 terms of preventable cases here. Let me just pull
15 the exact number for you so that you -- I present
16 what -- it's 380. Sorry about that. You present
17 three -- you prevent 380 deaths in the current plan
18 that Ontario has.

19 So and again, in all these three
20 scenarios, we are assuming that the long-term care
21 residents in the four priority regions will be
22 vaccinated by January 21st. So you can see if you
23 compare the plan of vaccinating from Jan 21st
24 compared to the current plan of February 15th, you
25 can see the difference in the deaths between 750

1 prevented deaths to 380 prevented deaths, so
2 that --

3 COMMISSIONER FRANK MARROCCO (CHAIR):

4 So in other words, twice as many people --

5 NATHAN STALL: Yes.

6 COMMISSIONER FRANK MARROCCO (CHAIR):

7 -- will die.

8 NATHAN STALL: Yes.

9 COMMISSIONER FRANK MARROCCO (CHAIR):

10 If you're target date is February 15th --

11 NATHAN STALL: Yes.

12 COMMISSIONER FRANK MARROCCO (CHAIR):

13 -- than would have died if your target date had
14 been January 21st.

15 NATHAN STALL: Yes.

16 COMMISSIONER FRANK MARROCCO (CHAIR):

17 Yeah.

18 NATHAN STALL: So, yeah, and that's
19 summarized here. That's summarized here. So we --
20 you know, the key messages are the model's designed
21 to predict these long-term care home outbreaks. We
22 can also use them to predict the impact of
23 vaccination. So look, I showed you -- I've
24 compared it here to Jan 31st, which is, you know,
25 12 days from now. I think Dr. McGeer would agree

1 that if we put our mind to it and our efforts to
2 it, we could vaccinate every single resident. We
3 could probably do it by January 21st, but, you
4 know, if we did that, we'd save 220 lives compared
5 to the current schedule.

6 If we vaccinated all long-term
7 residents by Jan 21st, we would prevent a total of
8 370 deaths. So -- and then again, you also are
9 going to prevent a lot of cases which are going to
10 be outbreaks, then which require a lot of resources
11 to manage these outbreaks, right?

12 So it's not just the deaths that you're
13 preventing -- and the cases do have long-term care
14 morbidity on these residents as well. And they
15 require the resources from Public Health and
16 hospitals and within the homes to manage these
17 outbreaks. So this speaks to -- not to convince
18 you of that -- the extreme urgency of doing this as
19 soon as possible.

20 COMMISSIONER JACK KITTS: Dr. Stall,
21 can I ask a question about the modeling?

22 NATHAN STALL: Yes.

23 COMMISSIONER JACK KITTS: Is this -- is
24 this modeling that, you know, physicians and
25 scientists like you and Dr. McGeer agree on that

1 this is -- this is relevant in terms of reality?

2 Or do people argue with this and say
3 there are other models or disagree with your
4 findings? Like, how well accepted is this in the
5 scientific world, and are there other thoughts?

6 NATHAN STALL: I mean, frankly, I don't
7 think this is something you actually need to model.
8 I think it's common sense. So -- you know, so we
9 did it to provide data to provide a further push
10 towards doing what we think needs to be done.

11 Are the numbers of cases and deaths
12 going to end up exactly the same way? No. But
13 does it show, you know, how many lives we're
14 leaving on the table with a slow rollout
15 potentially, you know, within the ballpark? I
16 think it does.

17 Will there be critics of the model and
18 exactly what went into the model and the
19 assumptions? Yes. But I don't think anyone would
20 argue with the face validity of it that the longer
21 you delay vaccination, the more cases of deaths
22 you're going to have.

23 COMMISSIONER JACK KITTS: Okay. And
24 this would be discussed at Public Health Ontario,
25 the Chief Medical Officer of Health. This is

1 all -- would be known to them?

2 NATHAN STALL: We have shared this
3 modeling last week, and it was shared with the
4 Distribution Task Force, and this modeling will
5 come out within an evidence brief through the
6 science -- COVID-19 Science Advisory Table within
7 the next 48 hours. But it has already been shared
8 with key decision makers.

9 ALLISON MCGEER: Yeah. And I would
10 point out to you, this is not -- you don't need to
11 do this modeling to see that first dose into
12 resident arms in long-term care will save lives.
13 You know, I -- it -- the modeling is very helpful,
14 I think, in terms of understanding what the numbers
15 look like and what the limits are, it has been, I
16 think, the science table work and the modeling's
17 been really helpful in convincing people of it.

18 COMMISSIONER JACK KITTS: Okay.

19 ALLISON MCGEER: But honestly, the
20 problem is really simple.

21 COMMISSIONER JACK KITTS: And just if
22 we go back, we don't know how many staff,
23 residents, and caregivers in our long-term care
24 homes in Ontario have been vaccinated today.

25 NATHAN STALL: We do in -- so we have a

1 COVAX -- it's called COVAX, C-O-V-A-X, system --

2 COMMISSIONER JACK KITTS: M-hm.

3 NATHAN STALL: -- which is the
4 electronic repository for all of this. The issues
5 have been that -- I mean, the system was created,
6 to their credit, in ten days. I mean, we could
7 have argued we could have been planning ahead to
8 create the system.

9 But when they go to these homes, it's
10 operationally -- and I've been to a home -- two
11 homes to vaccinate. It's -- operationally, it
12 takes too much time to enter the data in real time
13 into the system, so many homes input it onto paper
14 records which then need to be inputted
15 electronically after, so there are real delays in
16 that.

17 There were also technological glitches
18 that delayed this going up, and, additionally, the
19 data has not yet been claimed by public health
20 Ontario so that we understand -- so that we can
21 specifically make sure that this is accurate and
22 reliable data. And as I understand it, Dr. McGeer
23 may have heard this as well: Initially, the
24 essential caregiver field was also omitted on the
25 COVAX program, so you have to make some assumptions

1 about who's a resident versus who is a staff --
2 like, they'll have resident staff, but the
3 caregivers are also mixed into there, so...

4 COMMISSIONER JACK KITTS: Right.

5 ALLISON MCGEER: Yeah. I think it's
6 also the -- there's -- the -- there's healthcare
7 workers in long-term care homes, and there's other
8 workers in -- and the other workers are grouped in
9 long-term care retirement, so you can't -- it makes
10 it -- even for people who have access to the data,
11 it makes it difficult to assess how well we're
12 doing with workers in long-term care homes.

13 My understanding is that the Ministry
14 has, I think, last week, started to ask long-term
15 care homes to report daily on how many of their
16 residents and staff are vaccinated so that we get
17 some -- or so that they get some interim data on
18 actual vaccination rates while COVAX catches up. I
19 think COVAX is doing pretty well for a system that
20 didn't exist a month ago, but it's -- you know,
21 it's clearly behind.

22 To me, a piece of the bigger issue is
23 that these data -- that you don't have access to
24 these data. There is no reason on earth that the
25 people of Ontario should not know how well we're

1 doing with vaccinating long-term care.

2 And I get -- you know, I get the
3 issues. I know we're behind with who got Moderna
4 vaccine in long-term care facilities. But, you
5 know, Public Health data always come with provisos.
6 The fact that there are a bunch of issues with the
7 data does not mean that what data we have are not
8 good, and does it not mean that we should not be
9 sharing with people and talking about targets. And
10 the complete absence of transparency on how we're
11 doing with our vaccination program and what we're
12 doing with our vaccination program, I find really
13 distressing.

14 COMMISSIONER JACK KITTS: So the COVAX
15 data may not be as pure as it -- we'd like it to
16 be, but it is reflective of what's happening.
17 And --

18 ALLISON MCGEER: Yeah, for sure. And
19 we know what the holes are.

20 COMMISSIONER JACK KITTS: Right. And
21 that COVAX data is known to one of the tables, the
22 command tables?

23 ALLISON MCGEER: I don't know. It is
24 known to people at the -- it is known to people in
25 government and to a fairly large number of people

1 advising government who have signed confidentiality
2 agreements for one reason or another.

3 COMMISSIONER JACK KITTS: And you and
4 Dr. Stall are advocating that the data, regardless
5 of the fact it may not be as pure as we would like,
6 should be public?

7 ALLISON MCGEER: Yes. I think we -- I
8 think we need to know. I see no reason why people
9 should not know how well we're doing, and I think
10 knowing how well we're doing will help everybody in
11 the system understand what's going on and manage
12 what's going to be happening in vaccination program
13 better in the next few months.

14 COMMISSIONER JACK KITTS: Thank you
15 very much.

16 NATHAN STALL: Yeah, I think the
17 absence of data contributes to the mistrust and the
18 feeling of a lack of transparency about what's
19 going on with the rollout.

20 ALLISON MCGEER: It's also about
21 uncertainties, right? I -- you know, if I -- if I
22 don't -- if I'm a retirement home and I don't know
23 what the government is planning or when vaccine
24 might be coming to me or where we are in the
25 schedule, and people know that to varying degrees

1 from their public health units, but it's still
2 the -- the more open we can be about the process
3 and what's happening, the more reassured people
4 will be, I think, about the fact that we really are
5 moving heaven and earth to get this done even if we
6 have failings.

7 COMMISSIONER JACK KITTS: Okay. Thank
8 you.

9 NATHAN STALL: So, Dr. McGeer, do you
10 want to speak about what could have been done? I
11 know we've spoken to a lot of this, but just to
12 summarize this.

13 ALLISON MCGEER: I think we've been
14 through most of it. The issues to my mind are that
15 we have had inadequate communication about how to
16 manage it. We have been, I think, unwilling to use
17 existing systems that work very well to deliver our
18 vaccination program, and we -- the appearance is
19 that we missed the fact that we were running a
20 vaccination program in the middle of a pandemic,
21 and we just didn't fully grasp the impact that,
22 really, a vaccination was going to have on the
23 number of cases and the number of deaths in the
24 sector.

25 NATHAN STALL: So -- and, Doctor, do

1 you want to speak about what we could do now?

2 ALLISON MCGEER: Yeah, so I -- so, you
3 know, I don't know how useful this is because this
4 is -- this is very short term because we're sitting
5 now facing a limited amount of Moderna vaccine
6 coming in and some drop in the number of Pfizer
7 doses. And so the question becomes, okay, if we
8 have a limited number of doses and if we want to do
9 the best we can, we've all agreed that we're aiming
10 at long-term care and retirement.

11 We -- what the Province, I understand,
12 is doing is they -- they're suspending second doses
13 of vaccine to hospital-based healthcare workers,
14 but they -- and they're trying to switch everything
15 over to long-term care and retirement.

16 I think there, then, is a list of
17 short-term things we could do to try to do better.
18 The first is, you know, suspending -- allowing
19 long-term care workers to get their second dose,
20 but not acute care hospital healthcare workers get
21 their second dose of hubs is maybe not a bad idea
22 except that long-term care workers are likely well
23 protected for several weeks by the first dose, so
24 they don't need it in the first place.

25 And in the second place, I think asking

1 hospital hubs to operationalize that difference and
2 to distinguish between where people work and get it
3 right is just unnecessarily complicated in the
4 short term. So that if we just said, no more
5 second doses at hospital hubs for two weeks, right?
6 This is not a -- this is not a, you don't get your
7 second dose. This is a, you get your second dose
8 later when Pfizer finally catches up next month,
9 okay?

10 Many long-term care residents and staff
11 have been previously infected. We've been
12 vaccinating them. It's a good idea. It's -- it
13 adds complication to remove them from the system,
14 and vaccination is probably good for them. But we
15 could now say, okay, we're really saving doses. We
16 know which residents have been infected. We ask
17 staff not to get the vaccine and wait on their
18 second dose means we have to be able to pick them
19 up later, but likely possible.

20 We've now got a substantial number of
21 residents, staff, essential caregivers, who got
22 their first dose of vaccine and then got infected.
23 And those people don't need their second dose in
24 the short term, and we could delay their second
25 dose.

1 We have an opportunity -- we have
2 studies running in the province looking at the
3 immune response to the first dose in residents.
4 We're organizing to get data so that we can look at
5 how well people are doing prior to the scheduled
6 second dose of vaccine.

7 I think the data up to day 14, which is
8 about how long we've had from first vaccine to
9 infection now, is mixed. But in two weeks, we will
10 have a very good idea of whether this vaccine is --
11 after a first dose is working as well in residents
12 of long-term care as it is in the people in the
13 trials. And we really have -- we really have no
14 idea now whether or not that's true.

15 If it is working well in those
16 residents, then we could, by agreeing to delay
17 vaccine in those residents by five or six days, we
18 could watch what happens. And if they're doing
19 well, we could divert all those second doses into
20 the rest of retirement home [sic] across the
21 Province. I do understand how complicated this is,
22 and it -- maybe this is imaginary, but it -- we
23 could do that if we chose to. And there is no
24 question that if this vaccine works well, and if
25 people don't need their second vaccine, that we

1 could prevent deaths. Looking at Nathan's
2 modeling, I don't know, maybe 50 or 60 deaths by
3 doing that across the Province.

4 So, you know, I -- I'm still hoping --
5 I'm still hoping that the Province can be moved to
6 try to optimise the situation we're in in the short
7 term to protect long-term care residents. I'm -- I
8 don't know how to make it happen. I'm not sure
9 it's going to.

10 NATHAN STALL: So that's -- yeah, that
11 concludes what we had prepared, and we'd be happy
12 to take questions.

13 Yes, Commissioner Kitts.

14 COMMISSIONER JACK KITTS: Can we go
15 back to, What We Do Now, just the previous slide?
16 So in Recommendation Number 1, am I to assume that
17 hospital hubs are the distributor for the vaccine
18 now for an area defined -- I don't know -- defined
19 by Government so that when you say suspend all
20 second dose of vaccine at the hospital hubs, you're
21 saying if the long-term care homes are actually
22 administering the vaccines, they would -- they
23 would hold off until -- I don't know -- what, 28
24 days or -- I'm just not clear what that really
25 means what we would do now.

1 ALLISON MCGEER: So we're running --
2 we're running -- we're delivering vaccine in two
3 ways now. We have hospital hubs that are running
4 vaccination clinics at the hospital hub, and then
5 we have vaccination teams that are going out to
6 vaccinate long-term care residents and retirement
7 home residents.

8 So that -- at the hospital hub --
9 yesterday, we gave nearly 4,000 second doses of
10 Pfizer vaccine in those hospital hubs. And that's
11 all healthcare workers, okay? That's none of them
12 residents. It's mixed. Some of those healthcare
13 workers are long-term care. Some of them are acute
14 care. Some of them are essential caregivers, so
15 there's a -- there's a range of workers there.

16 But if we just suspended that for --
17 it's probably -- we're going to be three or four
18 weeks behind with the Pfizer doses, so we'd have to
19 say instead of giving you your second dose at three
20 weeks, for Pfizer, we'd be giving your second dose
21 at six weeks for Pfizer probably by the time we
22 caught up.

23 And we -- at the moment, my
24 understanding is what hospitals have been told is
25 they are suspending the second dose for acute care

1 hospital healthcare workers, but they are
2 maintaining the second dose for long-term care
3 workers.

4 And to me, that's a nice concept, but
5 it's too complicated, and it uses doses in -- for
6 long-term care workers that are not effective. And
7 honestly, you know, three weeks from now, those
8 long-term care workers will probably get vaccinated
9 at the homes where they work which is a lot easier
10 for them, and, yeah.

11 COMMISSIONER JACK KITTS: So isn't part
12 of that recommendation is, you know, convert
13 hospital hubs into distributors to long-term care
14 homes so long-term care homes can vaccinate their
15 own staff, residents, and caregivers?

16 ALLISON MCGEER: Yeah, that's what we
17 should be doing. I don't think -- I -- like, I
18 understand that even this slide is magical
19 thinking, but there's magical thinking, and there's
20 things that are clearly impossible.

21 COMMISSIONER JACK KITTS: So long-term
22 care homes who do this every year for flu vaccines,
23 we're hesitant to let them do it with this one?

24 ALLISON MCGEER: Yes. And I don't
25 think -- so I think there are two issues with that

1 now. The first is, we've set up a system in which
2 they're not doing it. And now we're talking about
3 changing horses midstream which is to go to
4 long-term care homes after we've told them that
5 we're sending them vaccination clinics, and people
6 are coming, and they aren't supposed to do anything
7 except get consents, and to switch them over now
8 and to say, okay, next week, you're responsible for
9 running your vaccination program, is, I think,
10 suboptimal at the moment.

11 And we do have a lot of volunteers for
12 these vaccination clinics. I think they're
13 actually working pretty well, so I don't think we
14 should be changing that at the moment until we get
15 through this. It's not what I think we should have
16 done, but I think it's too late to change.

17 COMMISSIONER JACK KITTS: Yeah. Yeah.
18 I think you've put it well. What we should have
19 done is -- didn't happen, so what could we do now?
20 And you're saying the least of -- the least of two
21 evils would be to continue with the course as
22 opposed to trying to change in midstream.

23 ALLISON MCGEER: I think so.

24 Nathan?

25 NATHAN STALL: Well, continue with the

1 course, but substantially accelerate it.

2 ALLISON MCGEER: Yes.

3 NATHAN STALL: Substantially accelerate
4 it. Like, we should be vaccinating 24/7 because
5 when you see the deaths, you see the cases, you
6 know, it is averting a plane crash if we get this
7 done, and, you know, we are leaving our best
8 defence either in the freezer or putting our best
9 defence into the arms of people who are less likely
10 to die. And, yeah, the urgency cannot be
11 understated.

12 COMMISSIONER JACK KITTS: Thank you.
13 That's well-stated.

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 Well, I don't think we have any further questions.

16 Mr. Callaghan, do you have any
17 questions you wanted to ask? Apparently not. He's
18 speaking but he's on mute.

19 JOHN CALLAGHAN: No. I'm sorry. I was
20 on mute. I didn't want to disrupt the proceedings.
21 No, but thank you to both doctors for this
22 short-notice presentation.

23 COMMISSIONER FRANK MARROCCO (CHAIR):
24 This is very informative. I suppose it speaks, in
25 a way, to what you were saying, but I think we were

1 genuinely wondering about this, and this is very
2 helpful for us to have. And thanks again. Thanks
3 for -- you know, generally, thanks for your
4 cooperation with the Commission. It seems every
5 short period of time we ask you to come back and
6 tell us something else, and we do really appreciate
7 your time and energy. We know you've got lots of
8 things to do. So thank you.

9 ALLISON MCGEER: Thank you.

10 COMMISSIONER JACK KITTS: Yes, thank
11 you both. Thank you.

12 NATHAN STALL: Thank you.

13 COMMISSIONER ANGELA COKE: Thank you.

14 U/T NATHAN STALL: And I will send you just
15 the corrected slide with that number so that you
16 have the final version.

17 COMMISSIONER FRANK MARROCCO (CHAIR):
18 Okay. Thank you.

19 COMMISSIONER JACK KITTS: Thank you
20 very much.

21 COMMISSIONER ANGELA COKE: Thank you.

22 -- Adjourned at 11:35 a.m.

23

24

25

1 REPORTER'S CERTIFICATE

2
3 I, JANET BELMA, CSR, Certified
4 Shorthand Reporter, certify:

5
6 That the foregoing proceedings were
7 taken before me at the time and place therein set
8 forth;

9
10 That all remarks made at the time
11 were recorded stenographically by me and were
12 thereafter transcribed;

13
14 That the foregoing is a true and
15 correct transcript of my shorthand notes so taken.

16
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18 Dated this 20th day of January, 2021.

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